



SVdP NOLA INTAKE FORM

District Conference Date of Intake

New to Conference? Yes No _____
Date Last Assisted SVDP Record (if applicable)

REFERRED BY Language Preferred

*Last Name * First Name MI

*Address 1 Address 2 *City *State * Zip Code

* Phone Number Alt. Phone *Email Address

Employer Emp. Length Education Level Institution DOB(mm/dd/yyyy)

Last Four of SSN Driver's License/ID

Senior Citizen? Yes No Are you a veteran? Yes No
Honorable Discharge Yes No

Disability? Yes No Is anyone in your household a veteran? Yes No
(Army, Air Force, Navy, Marine Corps, & Coast Guard)

RACE/ETHNICITY:
___ Asian ___ Caucasian/White Other (please specify) _____
___ African American ___ Hispanic or Latino ___ Decline to Answer

Religious Affiliation, If Any If Catholic, Parish Name Marital Status

GENDER IDENTITY (check all that apply):
Female
Male
Additional Category (please specify) _____
Decline to answer

Work Status: Employed Unemployed Seeking Employment Retired Disabled



SVdP NOLA INTAKE FORM

CURRENT COMBINED MONTHLY INCOME		CURRENT COMBINED MONTHLY EXPENSES	
Wages		Rent/Mortgage	
Unemployment		Electricity	
Social Security		Gas	
Child Support		Water/Trash	
Alimony		Phone	
Household member		Cable/Internet	
Assistance from family		Car Payment	
Disability		Car Insurance	
Pension/Retirement		Med/Den Insurance	
Food Stamps		Other Insurance	
WIC		Child Care	
Other Income		Credit Cards/Loans	
Combined Income		Medical	
		Food/Grocery	
		Other Expenses	
TOTAL INCOME		TOTAL MONTHLY EXPENSES	
NET INCOME			

HOUSEHOLD SIZE _____

List all others in household:

NAME	DOB	GENDER	PHONE NUMBER	RELATIONSHIP	Working or <u>S</u> chool



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ASSISTANCE REQUESTED

UTILITIES

Utility Type _____
Amount Needed Disconnect Notice? Yes No _____
Disconnect Date

Account No.

Utility Type _____
Amount Needed Disconnect Notice? Yes No _____
Disconnect Date

Account No.

RENT

Total Needed _____
Total Monthly Rent Notice of eviction? Yes No _____
Date
Court order? Yes No _____
Date

Leasing Agent/Landlord

Agent/Landlord Contact Info

OTHER REQUEST (please specify) _____

What do you need from SVdP? How did you get behind? What is your plan of action moving forward?
Any assistance approved is consider emergency assistance. Meaning we can only help you once every
12 months.



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My signature below acknowledge that all information shared in this intake is true to the best of my knowledge.

I understand that information shared in this intake will be shared with other agencies to assist with getting me services. My information will not be shared with government agencies.

- Yes, I give SVdP permission to share my information
- No, I do not want any of my information shared

Neighbor in Need Signature	Printed Name	Date
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Witness Signature	Printed Name	Date
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Request Recap (For Vincentian Use Only)

District: _____ **Conference:** _____

NiN Name: _____

OUTCOME

Assistance Provided?	Yes	No	Multiple Payments	Yes	No
Amount/Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Gift Card
Amount/Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Gift Card
Amount/Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Gift Card

VOUCHERS - for use at the SVdP Thrift Store (clothing, furniture, or household goods as available)

Items Needed	\$ _____ Amount Issued
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SVdP NOLA INTAKE FORM

Request Recap (For Vincentian Use Only)

Outcome of Home Visit _____

Other Referrals/Recommendations _____

Ministry Outreach Given _____

Intake Completed by: _____ In-Person Phone Interview

Home Visit Completed by: _____ Date: _____

Documentation Provided

- | | |
|--------------------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> License / ID / Passport / Immigration Papers with an A-Number | <input type="checkbox"/> Form W-2 |
| <input type="checkbox"/> SNAP documentation | <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Utility Bill _____ |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Utility Bill _____ |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Utility Bill _____ |
| <input type="checkbox"/> Housing Program Worksheet | <input type="checkbox"/> Lease/ Mortgage |
| <input type="checkbox"/> Most recent Paycheck Stub | <input type="checkbox"/> Eviction Notice |
| <input type="checkbox"/> Employment Separation Notice/ lay-off slip from previous employer | <input type="checkbox"/> Other: _____ |



**The Society of St. Vincent de Paul
Authorization for Release of Confidential Information**

In consideration of the services to be undertaken or rendered on my behalf by the Society Vincent de Paul, its members, agents or affiliated organizations (hereinafter referred to as "SVDP"), I, the

undersigned _____, hereby authorize SVDP to receive, from any and all sources, and to release to any person or organization, any confidential information regarding me which may be necessary or useful to SVDP in relation to the services to be rendered. I hereby release SVDP from all liability in any way related to the receipt and/or release of said confidential information. I further understand that the release of this information does not guarantee that assistance will be provided, but that without such information my case cannot be presented to the Conference/ Council for consideration.

"SVDP"

Date

"Undersigned"

Date

This release is effective for a period of sixty (60) days after Undersigned signature date.



***La Sociedad de San Vicente de Paúl
Autorización para Otorgar Información Confidencial***

En consideración por los servicios que se proporcionarán a mi beneficio de parte de la Sociedad de San Vicente de Paúl, sus miembros, agentes y organizaciones afiliadas, referido como ("SVDP"), por la

presente, Yo _____, autorizo que SVDP reciba
Su nombre

mi información personal por cualquier forma necesaria, y también entiendo y autorizo que SVDP pueda compartir mi información personal a cualquier personas y organizaciones en relación a los servicios que me puedan ofrecer. Por este medio de la misma manera, eximo a SVDP de todo tipo de responsabilidad relacionado con aceptar o proporcionar esta información confidencial. Entiendo que el facilitar esta información no garantiza que la asistencia solicitada será proveída, sino que esta información será presentada para consideración a la Conferencia o el Consejo de SVDP por aprobación. Reconozco que una copia de esta información sirve como el acuerdo original.

"SVDP"

Fecha

Solicitante

Fecha

Este comunicado tiene validez desde la fecha escrita en dicho documento y por el tiempo que se requiera para procesar dicha solicitud.